Image# 10931249347 09%/43#20140 13:54

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	
NARAL Pro-Choice America	
(b) Address (number and street)	
Suite 700 (c) City, State and ZIP Code	
Washington DC 20005	FEC Identification Number
2. Corporate filers only	<b>C</b> C90004185
Is the filer a qualified nonprofit corporation? X Yes No	
Individual filers only Name of Employer	I Dccupation
Name of Employer	Secupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
□ January 31 Tear-End Neport	
(b) Is this Report an amendment? Yes \( \subseteq \text{No } \textbf{X} \)	
5. COVERING PERIOD: FROM MOM / DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$\begin{bmatrix} M & M \\ O & 9 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & Q \end{bmatrix}$	
6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	741.89
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Kimberly Robinson	09/13/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	
1.12 . 21. Gastings of the last, of the last of the la	pondido o 2 0.0.0 10/g.

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America м м 0 9 2010 Mailing Address Amount 1156 15th Street, NW, Suite 700 637.63 State Zip Code DC 20005 Washington Purpose of Expenditure Office Sought: Category/ House State: NY Email list use Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten Gillibrand Check One: Support Oppose X Primary Disbursement For: General Calendar Year-To-Date Per Election 2010 804.47 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America М М 2010 Mailing Address Amount 1156 15th Street, NW, Suite 700 28.69 Zip Code City State Washington DC 20005 Purpose of Expenditure Office Sought: House State: NY Category/ Email list use Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten Gillibrand Support Check One: Oppose Disbursement For: X Primary General Calendar Year-To-Date Per Election 804.47 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America M 9 2010 Mailing Address Amount 1156 15th Street, NW, Suite 700 28.69 Zip Code State City 20005 DC Washington Purpose of Expenditure Office Sought: State: NY Category/ X House Email list use Type Senate House District: 14 President Name of Federal Candidate Supported or Opposed by Expenditure: Carolyn Maloney Check One: Support Oppose Disbursement For: X Primary General Calendar Year-To-Date Per Election 2010 28.69 for Office Sought Other (specify) 695.01 (a) SUBTOTAL of Itemized Independent Expenditures ... (b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

|--|

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			0 9 1 3 2 0 1 0
1156 15th Street, NW, Suite 700			
City	State	Zip Code	13.12
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: X House State: NH
Email list use		Туре	House Senate District: 02
Name of Federal Candidate Supported or Opposed	by Expenditure	:	President District. <u>02</u>
Ann McLane Kuster			Check One: X Support Oppose
Colondor Veer To Date Day Floation			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		3641.67	2010 Cother (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
1156 15th Street, NW, Suite 700			Amount
City	State	Zip Code	13.13
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: House State: NH
Email list use		Туре	Senate X Senate
Name of Federal Candidate Supported or Opposed	by Expenditure:	:	President District: 00
Paul Hodes			Check One: X Support Oppose
0.1 1 7 7 5 5 5 5 5			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		151.28	2010 Cother (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America			
Mailing Address			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
1156 15th Street, NW, Suite 700			Amount
City	State	Zip Code	10.31
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: X House State: MA
Email list use		Туре	House Senate
Name of Federal Candidate Supported or Opposed	by Expenditure	: :	President District: 09
Mac D'Alessandro			Check One: Support X Oppose
			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		20.63	2010
Tor Office 30ugnit			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditu	res		36.56
(b) SUBTOTALof Unitemized Independent Expend	itures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Lin			

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WIZED INDEPENDENT EXPENDITURES				FOR LINE 7 FOR FORM 5
ME OF FILER (In Full) ARAL Pro-Choice America				
WE I TO OHOICE ATTERIOR				
Full Name (Last, First, Middle Initial) of Payee				Date
NARAL Pro-Choice America				
Mailing Address				0.9 1.3 2.010
1156 15th Street, NW, Suite 700				Amount
City	State	Zip Code		10.32
Washington	DC	20005		
Purpose of Expenditure		Category/	Offic	ce Sought: X House State: MA
Email list use		Туре	Н	ouse Senate District: 09
Name of Federal Candidate Supported or Opposed by E Stephen Lynch	xpenditure:		01-	President
Ctop.io Lynon				ck One: X Support Oppose
Calendar Year-To-Date Per Election		20.62		oursement For: X Primary General 2010
for Office Sought	• • •	20.63	0	Other (specify)
				10.20
) SUBTOTAL of Itemized Independent Expenditures				10.32
b) SUBTOTALof Unitemized Independent Expenditures	3			
A TOTAL Indexes do 1.5				741.89
c) TOTAL Independent Expenditures				7.1.30
(carry total from last page forward to Line 7)				